



Town of Amherst Emergency Funds Intake Form 2013-2014 (Individual only)

First	Middle Initial	Last	Date
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Home Address		Phone Number
Date of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If you currently do not live in Amherst and plan to move here what brings you to town?	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Other _____	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your discharge status: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other _____ Service Dates: _____ What branch of military? _____		
Employment Status <input type="checkbox"/> Currently employed <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Searching for employment <input type="checkbox"/> Unemployed and not searching for employment <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		Disability Status <input type="checkbox"/> Physical Disability Please describe _____ <input type="checkbox"/> Developmental Disability Please describe _____ Are you currently receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are currently receiving employment income or other forms of income please provide verifications.			
Income Status Total Monthly Income \$ _____ Do you receive income from any of the following? <input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> EAEDC \$ _____ <input type="checkbox"/> Unemployment Compensation \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Trust Fund \$ _____ <input type="checkbox"/> Annuity \$ _____ <input type="checkbox"/> Other \$ _____		Non Cash Benefits Do you receive any of the following? <input type="checkbox"/> SNAP Benefits If so, how much do receive a month? \$ _____ <input type="checkbox"/> Mass Health <input type="checkbox"/> Commonwealth Care <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Other _____	

Please mark what best describes your financial needs?

Rental Arrears Move in cost Transportation Medical Needs Family Emergency

Utility Shut-off Other: _____

How much funds will you need to help your situation?\$ _____

Do you have any funds to contribute, if yes how much?.....\$ _____

Are there other resources that are helping you with funds, if yes how much?..\$ _____

How much funds are you requesting from the Town of Amherst?.....\$ _____

What are the circumstances of your emergency and what caused it?

Please explain how our program will help your circumstances.

What additional steps do you plan to take to address the situation?

Please list the other agencies/social service provider helping you to reach your goal?

Agency/Organization	Date of Intake	Amount of Assistance	Outcome	Follow-up

I _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

Signature

Date